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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

A For the 2013 calendar year, or tax year beginning JULY 01 , 2013, and ending JUNE 30 , 20 14

| B Check if applicable | C Name of organization ST. JOSEPH LONDON FOUNDATION, INC. | D Employer identification number |
|---|---|---|
| ☐ Address change | Doing Business As | 26-0438748 |
| ☐ Name change | Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 1001 SAINT JOSEPH LANE | E Telephone number: (606)877-3710 |
| ☐ Initial return | | |
| ☐ Terminated | City or town, state or province, country, and ZIP or foreign postal code: LONDON, KY 40741 | G Gross receipts $ 137,378 |
| ☐ Amended return | | |
| ☐ Application pending | F Name and address of principal officer: SHERRI CRAIG, 305 ESTILL STREET, BEREA, KY 40403 | H(a) Is this a group return for subordinates? ☐ Yes ☑ No |
| | | H(b) Are all subordinates included? ☐ Yes ☐ No. If "No," attach a list. (see instructions) |
| I Tax-exempt status: | ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 | |
| J Website: ▶ | N/A | H(c) Group exemption number ▶ |
| K Form of organization: | ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation: 2007 / M State of legal domicile: KY |

**Part I Summary**

| | | | | |
|---|---|---|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: ST. JOSEPH LONDON FOUNDATION SOLICITS AND ADMINISTERS DONATIONS IN SUPPORT OF THE CORE VALUES AND STRATEGIC PLAN OF ST. JOSEPH LONDON. | | |
| | 2 | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 20 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |



| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 131,003 | 122,533 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 826 | 455 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -9,021 | -6,364 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 122,808 | 116,624 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 6,669 | 99,409 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,674 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 140,942 | 46,960 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 147,611 | 146,369 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -24,803 | -29,745 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 603,746 | 441,516 |
| | 21 | Total liabilities (Part X, line 26) | 144,559 | 135,825 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 459,187 | 305,691 |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: Sherri Craig — Date: 5-7-2015

Type or print name and title: SHERRI CRAIG, INTERIM PRESIDENT

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| PAMELA KROHN | Pamela Krohn | 5.7.15 | | P01210500 |

Firm's name ▶ CATHOLIC HEALTH INITIATIVES — Firm's EIN ▶ 47-0617373

Firm's address ▶ 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 — Phone no. (303)298-9100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**For Paperwork Reduction Act Notice, see the separate Instructions.** Cat. No 11282Y Form **990** (2013)





614 17

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH FIDELITY TO THE GOSPEL URGES THE CORPORATION TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS IT CREATES HEALTHIER COMMUNITIES THE CORPORATION, SPONSORED BY A LAY-RELIGIOUS PARTNERSHIP, CALLS OTHER CATHOLIC SPONSORS AND SYSTEMS TO UNITE TO (CONTINUED ON SCHEDULE O )

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 104,293 including grants of $ 99,409 ) (Revenue $ 0 )

SEE SCHEDULE O

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0 ) (Revenue $ 0 )

4e Total program service expenses ▶ 104,293

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | ✓ | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | ✓ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | ✓ |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | ✓ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | ✓ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | | ✓ |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | ✓ |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | ✓ |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | ✓ |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | ✓ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | ✓ | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | ✓ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | ✓ | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | ✓ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | ✓ |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | ✓ |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | ✓ | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | ✓ |
| 20 a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | ✓ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | ✓ | |
| 22 | Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | ✓ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | ✓ | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | ✓ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | ✓ |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | ✓ |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | ✓ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | ✓ | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | ✓ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | ✓ | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . | 1a | 0 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . . | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . | 3a | | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | 5a | | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . | 6a | | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | ✓ | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? . . . . . | 13a | | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | 14a | | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . | 14b | | | |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a | 15 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . | 1b | 12 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | 2 | | | ✓ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | | ✓ |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | ✓ | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | 7a | | ✓ | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | 7b | | ✓ | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. | | | | |
| a | The governing body? . . . . . | 8a | | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . | 9 | | | ✓ |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? . . . . . | 10a | | ✓ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ✓ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | 12a | ✓ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . . . | 12c | ✓ | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | ✓ | |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | ✓ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . . . | 15a | | ✓ |
| b | Other officers or key employees of the organization . . . . . | 15b | | ✓ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | 16a | | ✓ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ JAMIE LUNDIEN, 6385 CORPORATE DRIVE, SUITE 301, COLORADO SPRINGS, CO 80919, (719)548-7090

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) BARRY STUMBO | 5 | | | | | | | | | |
| PRESIDENT/CEO | 55 | ✓ | | ✓ | | | | 0 | 151,656 | 21,293 |
| (2) WAYNE STURGEON | 1 | | | | | | | | | |
| CHAIR | 0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (3) DIANNA MILAM | 1 | | | | | | | | | |
| VICE CHAIR | 0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (4) CHRISTY SPITSER | 1 | | | | | | | | | |
| TREASURER/VP FINANCE SJL | 0 | ✓ | | ✓ | | | | 0 | 169,826 | 37,899 |
| (5) SHERRI CRAIG | 5 | | | | | | | | | |
| INTERIM PRESIENT/CEO | 55 | ✓ | | ✓ | | | | 0 | 178,816 | 17,295 |
| (6) SHANNON MARIE ALLEN | 1 | | | | | | | | | |
| SECRETARY | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (7) SEAN BUCK | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (8) GARRY CONLEY | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (9) LARRY CORUM | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (10) LIBBY FARMER | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (11) MICHAEL FIECHTER | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (12) GREG GERARD | 1 | | | | | | | | | |
| BOARD MEMBER/PRESIDENT SJL | 59 | ✓ | | | | | | 0 | 290,406 | 57,498 |
| (13) STAR ROBINS KUSIAK | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (14) AQEEL MANDVIWALA | 1 | | | | | | | | | |
| BOARD MEMBER/PHYSICIAN SJMF | 59 | ✓ | | | | | | 0 | 509,163 | 42,770 |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) STAN OWENS | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (16) JIM SUTTON | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (17) SCOTT WEBSTER | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (18) RODNEY HENDRICKSON | 1 | | | | | | | | | |
| BOARD MEMBER | 0 | ✓ | | | | | | 0 | 0 | 0 |
| (19) VIRGINIA DEMPSEY | 0 | | | | | | | | | |
| PRESIDENT - SJL | 0 | | | | | | ✓ | 0 | 386,796 | 35,612 |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b **Sub-total** ▶ | | | | | | | | 0 | 1,686,663 | 212,366 |
| c **Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | 0 | 0 | 0 |
| d **Total (add lines 1b and 1c)** ▶ | | | | | | | | 0 | 1,686,663 | 212,366 |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

| | | | Yes | No |
|---|---|---|---|---|
| 3 | Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | ✓ |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | ✓ | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | ✓ |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 29,046 | | | |
| | d | Related organizations | 1d | 19,304 | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 74,183 | | | |
| | g | Noncash contributions included in lines 1a-1f: $ | | | | | |
| | h | **Total.** Add lines 1a–1f ▶ | | 122,533 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | | | 0 | | | |
| | b | | | 0 | | | |
| | c | | | 0 | | | |
| | d | | | 0 | | | |
| | e | | | 0 | | | |
| | f | All other program service revenue | | 0 | 0 | 0 | 0 |
| | g | **Total.** Add lines 2a–2f ▶ | | 0 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 455 | | | 455 |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | | | |
| | 5 | Royalties ▶ | | 0 | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | 0 / 0 | | | | |
| | d | Net rental income or (loss) ▶ | | 0 | | | |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | 0 / 0 | | | | |
| | d | Net gain or (loss) ▶ | | 0 | | | |
| | 8a | Gross income from fundraising events (not including $ 29,046 of contributions reported on line 1c). See Part IV, line 18 a | 14,390 | | | | |
| | b | Less: direct expenses b | 20,754 | | | | |
| | c | Net income or (loss) from fundraising events ▶ | | -6,364 | | | -6,364 |
| | 9a | Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | c | Net income or (loss) from gaming activities ▶ | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| | b | Less: cost of goods sold b | | | | | |
| | c | Net income or (loss) from sales of inventory ▶ | | 0 | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | 0 | | | |
| | b | | | 0 | | | |
| | c | | | 0 | | | |
| | d | All other revenue | | 0 | 0 | 0 | 0 |
| | e | **Total.** Add lines 11a–11d ▶ | | 0 | | | |
| | 12 | **Total revenue.** See instructions. ▶ | | 116,624 | 0 | 0 | -5,909 |

## Part IX Statement of Functional Expenses

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

| | ***Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.*** | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 99,409 | 99,409 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . | 0 | | | |
| 4 | Benefits paid to or for members . . . . | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . . . . | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . | 0 | | | |
| 7 | Other salaries and wages . . . . . | 0 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits . . | 0 | | | |
| 10 | Payroll taxes . . . . . | 0 | | | |
| 11 | Fees for services (non-employees). | | | | |
| a | Management . . . . . | 15,750 | | 15,750 | |
| b | Legal . . . . . | 0 | | | |
| c | Accounting . . . . | 5,360 | | 5,360 | |
| d | Lobbying . . . . . | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees . . . . | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . | 23,436 | 4,884 | 1,631 | 16,921 |
| 12 | Advertising and promotion . . . . . | 0 | | | |
| 13 | Office expenses . . . . . | 611 | | 611 | |
| 14 | Information technology . . . . . | 0 | | | |
| 15 | Royalties . . . . . | 0 | | | |
| 16 | Occupancy . . . . . | 435 | | | 435 |
| 17 | Travel . . . . . | 110 | | -50 | 160 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings . | 0 | | | |
| 20 | Interest . . . . . | 0 | | | |
| 21 | Payments to affiliates . . . . . | 0 | | | |
| 22 | Depreciation, depletion, and amortization . | 0 | | | |
| 23 | Insurance . . . . . | 0 | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | MISCELLANEOUS EXPENSES | 1,258 | | 100 | 1,158 |
| b | | 0 | | | |
| c | | 0 | | | |
| d | | 0 | | | |
| e | All other expenses | 0 | 0 | 0 | 0 |
| 25 | **Total functional expenses.** Add lines 1 through 24e | 146,369 | 104,293 | 23,402 | 18,674 |
| 26 | **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . . . | 0 | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 338,900 | 2 | 318,376 |
| | 3 | Pledges and grants receivable, net | 264,846 | 3 | 123,140 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 0 | | | |
| | b | Less. accumulated depreciation — 10b: 0 | 0 | 10c | 0 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 603,746 | 16 | 441,516 |
| Liabilities | 17 | Accounts payable and accrued expenses | 33,083 | 17 | 32,542 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 24,876 | 19 | 1,572 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 86,600 | 25 | 101,711 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 144,559 | 26 | 135,825 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 3,870 | 27 | -26,250 |
| | 28 | Temporarily restricted net assets | 455,317 | 28 | 331,941 |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 459,187 | 33 | 305,691 |
| | 34 | Total liabilities and net assets/fund balances | 603,746 | 34 | 441,516 |

Form 990 (2013)

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 116,624 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 146,369 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -29,745 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 459,187 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -104,447 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 324,995 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | ✓ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

**2013**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| ST JOSEPH LONDON FOUNDATION, INC | 26-0438748 |

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| **(i)** | A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| **(ii)** | A family member of a person described in (i) above? | 11g(ii) | |
| **(iii)** | A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

**h** Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| **(A)** | | | | | | | | | |
| **(B)** | | | | | | | | | |
| **(C)** | | | | | | | | | |
| **(D)** | | | | | | | | | |
| **(E)** | | | | | | | | | |
| **Total** | | | | | | | | | 0 |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . | 66,165 | 535,933 | 178,823 | 131,003 | 82,475 | 994,399 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . | | | | | | 0 |
| 4 **Total.** Add lines 1 through 3 . . . . | 66,165 | 535,933 | 178,823 | 131,003 | 82,475 | 994,399 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . | | | | | | 219,600 |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 774,799 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 . . . . | 66,165 | 535,933 | 178,823 | 131,003 | 82,475 | 994,399 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 127 | 178 | 307 | 826 | 455 | 1,893 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . | 35,524 | 35,347 | 24,250 | 21,240 | 14,390 | 130,751 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 1,127,043 |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . . | | | | | 12 | 0 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 14 | Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . | 14 | 68 74 % |
| 15 | Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . | 15 | 69 39 % |

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . | | | | | | |
| 6 **Total.** Add lines 1 through 5 . . . | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b . . . . | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6.) . . . . . | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 . . . . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . | | | | | | |
| c Add lines 10a and 10b . . . . . | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) . . . . . | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

**Section C. Computation of Public Support Percentage**

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 | Public support percentage from 2012 Schedule A, Part III, line 15 . . . . . | 16 | % |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) . . . | 17 | % |
| 18 | Investment income percentage from **2012** Schedule A, Part III, line 17 . . . . . | 18 | % |

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**SCHEDULE D (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| ST JOSEPH LONDON FOUNDATION, INC | 26-0438748 |

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | Held at the End of the Tax Year |
|---|---|---|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ----------

4 Number of states where property subject to conservation easement is located ▶ ----------

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ----------

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

(ii) Assets included in Form 990, Part X ▶ $ ----------

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

b Assets included in Form 990, Part X ▶ $

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | 0 |
| b Buildings | | | | 0 |
| c Leasehold improvements | | | | 0 |
| d Equipment | | | | 0 |
| e Other | | | | 0 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 0 |

**Part VII Investments—Other Securities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | | |

**Part VIII Investments—Program Related.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶ | | |

**Part IX Other Assets.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | |

**Part X Other Liabilities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) INTERCOMPANY PAYABLES | 101,711 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 101,711 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | -7,127 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 0 | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | -7,127 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 123,751 | | |
| c | Add lines **4a** and **4b** | | | 4c | 123,751 |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12 )* | | | 5 | 116,624 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 146,369 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 0 | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 146,369 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 0 | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 146,369 |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

SEE NEXT PAGE

**SCHEDULE G (Form 990 or 990-EZ)**
Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
ST JOSEPH LONDON FOUNDATION, INC

**Employer identification number**
26-0438748

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| **Total** ▶ | | | | 0 | 0 | 0 |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 GALA (event type) | (b) Event #2 GOLF (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 43,296 | 140 | | 43,436 |
| | 2 Less: Contributions | 29,046 | | | 29,046 |
| | 3 Gross income (line 1 minus line 2) | 14,250 | 140 | 0 | 14,390 |
| Direct Expenses | 4 Cash prizes | | | | 0 |
| | 5 Noncash prizes | | | | 0 |
| | 6 Rent/facility costs | | | | 0 |
| | 7 Food and beverages | | | | 0 |
| | 8 Entertainment | | | | 0 |
| | 9 Other direct expenses | 20,622 | 132 | | 20,754 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 20,754 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -6,364 |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ---------- and the amount of gaming revenue retained by the third party ▶ $ ----------

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information.

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

ST. JOSEPH LONDON FOUNDATION, INC

**Employer identification number**

26-0438748

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) SAINT JOSEPH HEALTH SYSTEM, INC<br>424 LEWISS HARGETT CIRCLE SUITE 160, LEXINGTON KY 40503 | 61-1334601 | 501(C)(3) | 99,409 | 0 | N/A | N/A | PROGRAM SUPPORT |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SEE NEXT PAGE

**SCHEDULE J**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

ST JOSEPH LONDON FOUNDATION, INC

**Employer identification number**

26-0438748

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a | Receive a severance payment or change-of-control payment? | 4a | ✓ | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ | |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | ✓ |
| | If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.** | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a | The organization? | 5a | | ✓ |
| b | Any related organization? | 5b | | ✓ |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. | | | |
| a | The organization? | 6a | | ✓ |
| b | Any related organization? | 6b | | ✓ |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|---|
| | | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | BARRY STUMBO, PRESIDENT/CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | (ii) | 148,983 | 0 | 2,673 | 13,805 | 7,488 | 172,949 | 0 |
| 2 | CHRISTY SPITSER, TREASURER/VP FINANCE SJL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | (ii) | 167,668 | 0 | 2,158 | 16,747 | 21,152 | 207,725 | 0 |
| 3 | SHERRI CRAIG, INTERIM PRESIENT/CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | (ii) | 175,976 | 0 | 2,840 | 0 | 17,295 | 196,111 | 0 |
| 4 | VIRGINIA DEMPSEY, PRESIDENT - SJL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | (ii) | 0 | 0 | 386,796 | 23,502 | 12,110 | 422,408 | 79,540 |
| 5 | GREG GERARD, BOARD MEMBER/PRESIDENT SJL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | (ii) | 212,072 | 40,500 | 37,834 | 40,288 | 17,210 | 347,904 | 15,749 |
| 6 | AQEEL MANDVIWALA, BOARD MEMBER/PHYSICIAN SJMF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | (ii) | 398,947 | 108,502 | 1,714 | 20,952 | 21,818 | 551,933 | 0 |
| 7 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 8 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 9 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 10 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 11 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 12 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 13 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 14 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 15 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 16 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |

**Schedule O (Form 990)**
Department of Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the Organization
ST JOSEPH LONDON FOUNDATION, INC

Employer Identification Number
26-0438748

| Return Reference | Identifier | Explanation |
|---|---|---|
| FORM 990, PART III, LINE 1 | ORGANIZATION'S MISSION | (CONTINUED FROM FORM 990, PART III, LINE 1)<br><br>ENSURE THE FUTURE OF CATHOLIC HEALTH CARE TO FULFILL THIS MISSION, THE CORPORATION, AS A VALUES-BASED ORGANIZATION, WILL ASSURE THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND DEVELOPING ORGANIZATIONS AND ACTIVITIES, RESEARCH AND DEVELOP NEW MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL, AND SOCIAL SERVICES, PROMOTE LEADERSHIP DEVELOPMENT AND FORMATION FOR MINISTRY THROUGHOUT THE ENTIRE ORGANIZATION, ADVOCATE FOR SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED, AND UNDERSERVED, AND STEWARD RESOURCES BY GENERAL OVERSIGHT OF THE ENTIRE ORGANIZATION |
| FORM 990, PART III, LINE 4 | PROGRAM SERVICE ACCOMPLISHMENTS | ST JOSEPH LONDON FOUNDATION WAS INCORPORATED AS A 501(C)(3), TAX-EXEMPT, CHARITABLE FOUNDATION TO RAISE AND ADMINISTER FUNDS IN SUPPORT OF THE CORE VALUES AND STRATEGIC PLAN OF SAINT JOSEPH LONDON ST JOSEPH LONDON FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS WHICH IS COMPRISED OF INDIVIDUALS WITHIN THE COMMUNITY AND THE PRESIDENT OF THE PARENT ORGANIZATION, SAINT JOSEPH LONDON ST JOSEPH LONDON FOUNDATION PROVIDES SUPPORT FOR SEVERAL OUTREACH PROGRAMS AND SERVICES INCLUDING THE PATIENT FAMILY ASSISTANCE FUND, EMPLOYEE FINANCIAL ASSISTANCE FUND, SCHOLARSHIP FUNDS AND ENHANCEMENTS TO CRITICAL AREAS OF SAINT JOSEPH LONDON<br><br>ST JOSEPH LONDON FOUNDATION'S CURRENT 15-MEMBER BOARD OF DIRECTORS RAISES FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING AND CORPORATE/FOUNDATION GRANTS TO HELP FUND THE PROGRAMS AND OUTREACH SERVICES OF SAINT JOSEPH LONDON IN FY2014, ST JOSEPH LONDON FOUNDATION PROVIDED SUPPORT IN EXCESS OF $83,000 |
| FORM 990, PART VI, LINE 1A | EXECUTIVE COMMITTEE COMPOSITION AND AUTHORITY | THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION AND SHALL BE COMPOSED OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE TREASURER, AND THE SECRETARY, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS ANY VACANCY OF AN APPOINTED EXECUTIVE COMMITTEE MEMBERSHIP MAY BE FILLED FOR THE UNEXPIRED PORTION OF THE TERM IN THE MANNER THAT THE ORIGINAL COMMITTEE MEMBER WAS APPOINTED EXCEPT AS PROVDED BY LAW, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE PROMPTLY REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT REGULAR OR ANNUAL MEETING OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL MEET AT SUCH TIMES AS SHALL BE DETERMINED BY THE CHAIRPERSON THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME TO THE BOARD OF DIRECTORS AT EACH REGULAR MEETING OF THE BOARD |
| FORM 990, PART VI, SEC A, LINE 6 | CLASSES OF MEMBERS OR STOCKHOLDERS | ACCORDING TO THE BYLAWS OF ST JOSEPH LONDON FOUNDATION, THE ENTITY'S SOLE MEMBER IS SAINT JOSEPH HEALTH SYSTEM, INC , A KENTUCKY NONPROFIT CORPORATION |
| FORM 990, PART VI, SEC A, LINE 7A | MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY | PURSUANT TO SECTION 6 4 OF THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR PRIOR TO EACH ANNUAL MEETING OF THE CORPORATE MEMBER, OR SUCH OTHER MEETING CALLED FOR THE PURPOSE OF APPOINTING DIRECTORS OF THE CORPORATION, THE NOMINATING COMMITTEE SHALL SELECT AND SUBMIT TO THE BOARD OF DIRECTORS A SLATE OF NOMINEES QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION THE BOARD OF DIRECTORS SHALL REVIEW THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ON THE RECOMMENDED SLATE AND SHALL VOTE TO ACCEPT OR REFUSE EACH NOMINEE THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL THEN BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL THEN APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH THE ENDORSEMENT OF THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER OR OTHER DESIGNEE NOTWITHSTANDING ANYTHING IN THESE BYLAWS TO THE CONTRARY, THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION IN ACCORDANCE WITH THIS SECTION |
| FORM 990, PART VI, SEC A, LINE 7B | DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS | PURSUANT TO SECTION 5 4 OF THE ORGANIZATION'S BYLAWS, SAINT JOSEPH HEALTH SYSTEM, INC ("SJHS"), KENTUCKYONE HEALTH, INC (SJHS' SOLE CORPORATE MEMBER), AND CATHOLIC HEALTH INITIATIVES (KENTUCKYONE HEALTH, INC 'S CONTROLLING CORPORATE MEMBER)("CHI") HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX<br><br>PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE SAINT JOSEPH HEALTH SYSTEM, INC BOARD<br><br>• APPROVE MEMBERS OF THE SJLF BOARD<br>• AMENDMENT OF THE CORPORATE DOCUMENTS OF SJLF |

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
ST JOSEPH LONDON FOUNDATION, INC

Employer identification number
26-0438748

**Part I** **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

**Part II** **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| (1) ALEGENT CREIGHTON CLINIC (47-0765154) 12809 W DODGE RD, OMAHA, NE 68154 | HEALTHCARE | NE | 501(C)(3) | 3 | ACH | ✓ | |
| (2) ALEGENT CREIGHTON HEALTH (47-0757164) 12809 W DODGE RD, OMAHA, NE 68154 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (3) ALEGENT CREIGHTON HEALTH FOUNDATION (47-0648586) 12809 W DODGE RD, OMAHA, NE 68154 | FUNDRAISING | NE | 501(C)(3) | 7 | ACH | ✓ | |
| (4) ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM (47-0484764) 7500 MERCY RD, OMAHA, NE 68124 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (5) ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY, IA (42-0776568) 631 N 8TH ST, MISSOURI VALLEY, IA 51555 | HEALTHCARE | IA | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (6) ALEGENT HEALTH - IMMANUEL MEDICAL CENTER (47-0376615) 6901 N 72ND ST, OMAHA, NE 68122 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (7) ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER (47-0399853) 104 W 17TH ST, SCHUYLER, NE 68661 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |

**Part III** **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) See Statement | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) ALEGENT HEALTH/CREIGHTON ST JOSEPH MANAGED CARE SERVICES INC (47-0802396) 12809 WEST DODGE RD, OMAHA, NE 68154 | MANAGED CARE | NE | CHI NEBRASKA | C CORPORATION | 5,312,313 | 4,520,865 | 100 | ✓ | |
| (2) ALL SAINTS INSURANCE COMPANY SPC, LTD PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, | INSURANCE | CJ | CHI | C CORPORATION | 0 | 43,866,961 | 100 | ✓ | |
| (3) ALTERNATIVE INSURANCE MANAGEMENT SERVICE (84-1112049) 3900 OLYMPIC BLVD, STE 400, ERLANGER, KY 41018 | MANAGEMENT SERVICES | CO | CHI | C CORPORATION | 0 | 6,272,746 | 100 | ✓ | |
| (4) AMERICAN NURSING CARE, INC (31-1085414) 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | OH | CHS | C CORPORATION | 5,118,606 | 51,920,207 | 100 | ✓ | |
| (5) AMERIMED, INC. (31-1158699) 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | OH | ANC | C CORPORATION | 2,134,392 | 14,669,219 | 100 | ✓ | |
| (6) BC HOLDING COMPANY, INC (31-1542851) 1850 BLUEGRASS AVE, LOUISVILLE, KY 40215 | FITNESS CLUB | KY | JHSMH | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (7) CADUCEUS MEDICAL ASSOCIATES, INC (62-1570736) 2525 DE SALES AVE, CHATTANOOGA, TN 37404 | HEALTHCARE | TN | MHCS | C CORPORATION | 0 | 1,008 | 100 | ✓ | |

**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | | |
| a | Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity | 1a | | ✓ |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | ✓ | |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | ✓ | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | ✓ |
| e | Loans or loan guarantees by related organization(s) | 1e | | ✓ |
| f | Dividends from related organization(s) | 1f | | ✓ |
| g | Sale of assets to related organization(s) | 1g | | ✓ |
| h | Purchase of assets from related organization(s) | 1h | | ✓ |
| i | Exchange of assets with related organization(s) | 1i | | ✓ |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | ✓ |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | ✓ | |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | ✓ | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | ✓ |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | ✓ | |
| o | Sharing of paid employees with related organization(s) | 1o | | ✓ |
| p | Reimbursement paid to related organization(s) for expenses | 1p | ✓ | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | ✓ |
| r | Other transfer of cash or property to related organization(s) | 1r | | ✓ |
| s | Other transfer of cash or property from related organization(s) | 1s | | ✓ |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a–s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Schedule R (Form 990) 2013

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (30) CHI ST VINCENT HOT SPRINGS (26-1125064)<br>300 WERNER ST, HOT SPRINGS, AR 71913 | HOLDING CO | AR | 501(C)(3) | 11 - TYPE II | SVIMC | ✓ | |
| (31) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS (26-1125131)<br>1 MERCY LANE, STE 201, HOT SPRINGS, AR 71913 | HEALTHCARE | AR | 501(C)(3) | 3 | CHISVHS | ✓ | |
| (32) COMMUNITY LIMITED CARE DIALYSIS CENTER (23-7419853)<br>619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206 | HOLDING CO | OH | 501(C)(2) | | GSH | ✓ | |
| (33) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION (42-1294399)<br>631 N 8TH ST, MISSOURI VALLEY, IA 51555 | FUNDRAISING | IA | 501(C)(3) | 11 - TYPE I | AH-CMHMV | ✓ | |
| (34) CONTINUING CARE HOSPITAL (61-1400619)<br>150 NORTH EAGLE CREEK DR, LEXINGTON, KY 40509 | LT ACH | KY | 501(C)(3) | 3 | SJHS | ✓ | |
| (35) COVENANT HOME CARE (23-2028429)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HOME HEALTH | PA | 501(C)(3) | 11 - TYPE II | CHI NHC | ✓ | |
| (36) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION (91-0715805)<br>1450 BATTERSBY AVE, ENUMCLAW, WA 98022 | HEALTHCARE | WA | 501(C)(3) | 3 | FHS | ✓ | |
| (37) FLAGET HEALTHCARE, INC. (61-1345363)<br>4305 NEW SHEPHERDSVILLE RD, BARDSTOWN, KY 40004 | HEALTHCARE | KY | 501(C)(3) | 3 | KOH | ✓ | |
| (38) FLAGET MEMORIAL HOSPITAL FOUNDATION, INC (56-2351341)<br>4305 NEW SHEPHERDSVILLE RD, BARDSTOWN, KY 40004 | FUNDRAISING | KY | 501(C)(3) | 11 - TYPE I | FH | ✓ | |
| (39) FRANCISCAN FOUNDATION (91-1145592)<br>1717 SOUTH J ST, TACOMA, WA 98405 | FUNDRAISING | WA | 501(C)(3) | 9 | FHS | ✓ | |
| (40) FRANCISCAN HEALTH SYSTEM (91-0564491)<br>1717 SOUTH J ST, TACOMA, WA 98405 | HEALTHCARE | WA | 501(C)(3) | 3 | CHI | ✓ | |
| (41) FRANCISCAN HEALTH VENTURES FKA SJMGROUP (43-1882377)<br>TACOMA FNC CTR BLDG, 1145 BROADWAY, TACOMA, WA 98402 | PHYSICIANS | MO | 501(C)(3) | 9 | CHI | ✓ | |
| (42) FRANCISCAN MEDICAL GROUP (91-1939739)<br>1313 BROADWAY, STE 200, TACOMA, WA 98402 | HEALTHCARE | WA | 501(C)(3) | 9 | FHS | ✓ | |
| (43) FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC. (39-1093829)<br>3601 S CHICAGO AVE, SOUTH MILWAUKEE, WI 53172 | HEALTHCARE | WI | 501(C)(3) | 9 | CHI | ✓ | |
| (44) GLOBAL HEALTH INITIATIVES (20-1536108)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | MINISTRIES | CO | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (45) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE (31-1778403)<br>619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206 | EDUCATION | OH | 501(C)(3) | 2 | GSH | ✓ | |
| (46) GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC (31-1206047)<br>619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206 | FUNDRAISING | OH | 501(C)(3) | 11 - TYPE I | GSH | ✓ | |
| (47) GOOD SAMARITAN HOSPITAL (47-0379755)<br>PO BOX 1990, KEARNEY, NE 68848 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (48) GOOD SAMARITAN HOSPITAL FOUNDATION (47-0659443)<br>111 W 31ST ST, KEARNEY, NE 68847 | FUNDRAISING | NE | 501(C)(3) | 7 | GSH | ✓ | |
| (49) GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON (23-7296923)<br>110 N MAIN ST, STE 500, DAYTON, OH 45402 | FUNDRAISING | OH | 501(C)(3) | 7 | SHP | ✓ | |
| (50) HARRISON MEDICAL CENTER (91-0565546)<br>2520 CHERRY AVE, BREMERTON, WA 98310 | HEALTHCARE | WA | 501(C)(3) | 3 | FHS | ✓ | |
| (51) HARRISON MEDICAL CENTER FOUNDATION (91-1197626)<br>2520 CHERRY AVE, BREMERTON, WA 98310 | FUNDRAISING | WA | 501(C)(3) | 7 | HMC | ✓ | |
| (52) HEALTH S E T. (84-1102943)<br>2420 W 26TH AVE, STE 460D, DENVER, CO 80211 | LOW INC CARE | CO | 501(C)(3) | 7 | CHIC | ✓ | |
| (53) HEALTHCARE AND WELLNESS FOUNDATION (76-0761782)<br>2400 ST. FRANCIS DR, BRECKENRIDGE, MN 56520 | FUNDRAISING | MN | 501(C)(3) | 11 - TYPE I | SFMC | ✓ | |

**Part II** **Identification of Related Tax-Exempt Organizations** (continued)

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (8) ALEGENT HEALTH - MERCY HOSPITAL, CORNING, IOWA (42-0782518) PO BOX 368, CORNING, IA 50841 | HEALTHCARE | IA | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (9) ALVERNA APARTMENTS (41-1351177) 300 SE 8TH AVE, LITTLE FALLS, MN 56345 | LTERM CARE | MN | 501(C)(3) | 9 | CHI | ✓ | |
| (10) APPLETREE COURT (41-1850500) 601 OAK ST, BRECKENRIDGE, MN 56520 | SENIOR LIVING | MN | 501(C)(3) | 9 | SFH | ✓ | |
| (11) BISHOP DRUMM RETIREMENT CENTER (42-0725196) 1111 6TH AVE, DES MOINES, IA 50314 | LTERM CARE | IA | 501(C)(3) | 9 | CHI-IA CORP | ✓ | |
| (12) BORNEMANN HEALTHCARE CORPORATION (23-2187242) 2500 BERNVILLE RD, PO BOX 316, READING, PA 19603 | HEALTHCARE | PA | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (13) CARRINGTON HEALTH CENTER (45-0227311) 800 N 4TH ST, CARRINGTON, ND 58421 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | ✓ | |
| (14) CATHOLIC HEALTH INITIATIVES (47-0617373) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | CO | 501(C)(3) | 9 | N/A | ✓ | |
| (15) CATHOLIC HEALTH INITIATIVES - COLORADO (84-0405257) 188 INVERNESS DRIVE WEST, STE 500, ENGLEWOOD, CO 80112 | HEALTHCARE | CO | 501(C)(3) | 3 | CHI | ✓ | |
| (16) CATHOLIC HEALTH INITIATIVES - IOWA CORP (42-0680448) 1111 6TH AVE, DES MOINES, IA 50314 | HEALTHCARE | IA | 501(C)(3) | 3 | CHI | ✓ | |
| (17) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION (84-0902211) 6385 CORPORATE DR, STE 301, COLORADO SPRINGS, CO 80919 | FUNDRAISING | CO | 501(C)(3) | 7 | CHIC | ✓ | |
| (18) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION (27-0930004) 6385 CORPORATE DR, COLORADO SPRINGS, CO 80919 | FUNDRAISING | CO | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (19) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES (46-0992796) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | CO | 501(C)(3) | 11 - TYPE I | CHINS | ✓ | |
| (20) CENTENNIAL MEDICAL GROUP, INC (26-3946191) 2700 STEWART PKWY, ROSEBURG, OR 97471 | PHYSICIANS | OR | 501(C)(3) | 9 | MMC | ✓ | |
| (21) CENTRAL KANSAS MEDICAL CENTER (48-0543724) 3515 BROADWAY, GREAT BEND, KS 67530 | SURGERY CENTER | KS | 501(C)(3) | 3 | CHI | ✓ | |
| (22) CHI HEALTH CONNECT AT HOME - FARGO (27-1966847) 4816 AMBER VALLEY PKWY S, FARGO, ND 58104 | HEALTHCARE | MN | 501(C)(3) | 9 | CHI | ✓ | |
| (23) CHI INSTITUTE FOR RESEARCH AND INNOVATION (27-1050565) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | CO | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (24) CHI KENTUCKY, INC. (20-2741651) 3900 OLYMPIC BLVD, STE 400, ERLANGER, KY 41018 | HEALTHCARE | KY | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (25) CHI NATIONAL HOME CARE (45-1261716) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | CO | 501(C)(3) | 9 | CHI NS | ✓ | |
| (26) CHI NATIONAL SERVICES (45-2532084) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | CO | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (27) CHI NEBRASKA (36-3233121) 6940 O ST, STE 200, LINCOLN, NE 68510 | HEALTHCARE | NE | 501(C)(3) | 11 - TYPE III - FI | CHI | ✓ | |
| (28) CHI ST. LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER (74-1161938) 6624 FANNIN ST, HOUSTON, TX 77030 | HEALTHCARE | TX | 501(C)(3) | 3 | SLHS | ✓ | |
| (29) CHI ST. VINCENT HOSPITAL HOT SPRINGS (71-0236913) 300 WERNER ST, HOT SPRINGS, AR 71913 | HEALTHCARE | AR | 501(C)(3) | 3 | CHISVHS | ✓ | |

<table>
<tr><th>Return Reference</th><th>Identifier</th><th>Explanation</th></tr>
<tr><td></td><td></td><td>• APPROVE REMOVAL OF A BOARD MEMBER OF THE GOVERNING BODY OF SJLF<br>• ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR SJLF<br><br>THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER<br><br>• SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF SJLF<br>• REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJLF<br>• APPROVAL OF ISSUANCE OF DEBT BY SJLF<br>• APPROVAL OF PARTICIPATION OF SJLF IN A JOINT VENTURE<br>• APPROVAL OF FORMATION OF A NEW CORPORATION BY SJLF<br>• APPROVAL OF A MERGER INVOLVING SJLF<br>• APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SJLF<br>• TO REQUIRE THE TRANSFER OF ASSETS BY SJLF TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS<br><br>IN ADDITION, PURSUANT TO SECTION 5 5 2 OF THE ORGANIZATION'S BYLAWS, SJHS, KENTUCKYONE HEALTH, INC , OR CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE</td></tr>
<tr><td>FORM 990, PART VI, SEC B, LINE 11B</td><td>REVIEW OF FORM 990 BY GOVERNING BODY</td><td>ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE PRESIDENT/CEO AND AN ELECTRONIC COPY IS PROVIDED TO EACH MEMBER OF THE BOARD AFTER THE RETURN IS REVIEWED BY THE PRESIDENT/CEO, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NONSUBSTANTIVE CHANGES NECESSARY THAT EFFECT E-FILING ANY SUCH CHANGES ARE NOT RESUBMITTED TO THE BOARD SUBSEQUENT TO THE RETURN BEING FILED, THE PRESIDENT/CEO PRESENTS THE RETURN AT A ST JOSEPH LONDON FOUNDATION BOARD MEETING</td></tr>
<tr><td>FORM 990, PART VI, SEC B, LINE 12C</td><td>CONFLICT OF INTEREST POLICY</td><td>THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, OFFICERS, AND AFFILIATES OF THE CORPORATION A CONFLICT EXISTS WHEN THE ACTION OF AN INDIVIDUAL, ON BEHALF OF THE CORPORATION, INVOLVES OBTAINING A DIRECT OR INDIRECT PERSONAL GAIN OR CREATING AN ADVERSE OR POTENTIALLY ADVERSE EFFECT ON THE CORPORATION'S INTERESTS EACH DIRECTOR MUST REPORT TO THE BOARD CHAIR SITUATIONS THAT MAY CREATE A CONFLICT OF INTEREST WHEN HE OR SHE BECOMES AWARE OF SUCH SITUATIONS IN THE CASE OF AN OFFICER, DISCLOSURE MUST BE MADE TO THE CORPORATION'S CEO WHO WILL REPORT SUCH DISCLOSURE TO THE BOARD CHAIR A WRITTEN RECORD OF THE DISCLOSURE WILL BE MADE IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, THE CORPORATION'S CHIEF EXECUTIVE OFFICER SHALL ANNUALLY SEND TO ALL DIRECTORS AND OFFICERS A COPY OF THIS POLICY AND THE CONFLICT OF INTEREST DISCLOSURE STATEMENT THE STATEMENTS MUST BE COMPLETED, SIGNED, AND REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND BOARD CHAIR</td></tr>
<tr><td>FORM 990, PART VI, LINE 14</td><td>DOCUMENT RETENTION AND DESTRUCTION POLICY</td><td>THE DOCUMENT RETENTION AND DESTRUCTION POLICY IS MORE OF AN OPERATIONAL POLICY THESE TYPES OF POLICIES USUALLY DO NOT GO TO THE BOARD OF DIRECTORS (BOD) THIS HAS NOT BEEN APPROVED BY THE BOD</td></tr>
<tr><td>FORM 990, PART VI, LINE 15A</td><td>COMPENSATION OF TOP MANAGEMENT OFFICIAL</td><td>ST JOSEPH LONDON FOUNDATION'S PRESIDENT AND CEO IS COMPENSATED BY SAINT JOSEPH HEALTH SYSTEM, INC (SJHS), A RELATED NON-PROFIT ORGANIZATION SJHS' EXECUTIVE LEADERSHIP COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE TO THE BOARD AN OUTSIDE CONSULTANT PROVIDED COMPARATIVE DATA BASED ON BASE COMPENSATION, TOTAL COMPENSATION, AND EXECUTIVE BENEFITS</td></tr>
<tr><td>FORM 990, PART VI, LINE 15B</td><td>COMPENSATION OF OFFICERS AND DIRECTORS</td><td>DURING THE TAX YEAR ENDED 6/30/14, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED AS N/A</td></tr>
<tr><td>FORM 990, PART VI, SEC C, LINE 19</td><td>REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC</td><td>THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND ORG THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT IN ADDITION, THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE SECRETARY OF STATE</td></tr>
<tr><td>FORM 990, PART IX, LINE 11G</td><td>OTHER EXPENSES</td><td>
<table>
<tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr>
<tr><td>OTHER FEES FOR SERVICES</td><td>23,436</td><td>4,884</td><td>1,631</td><td>16,921</td></tr>
</table>
</td></tr>
<tr><td>FORM 990 , PART XI, LINE 9</td><td>OTHER CHANGES IN NET ASSETS OR FUND BALANCES</td><td>
<table>
<tr><th>(a) Description</th><th>(b) Amount</th></tr>
<tr><td>ALLOWANCE FOR UNCOLLECTED PLEDGES</td><td>- 104,447</td></tr>
</table>
</td></tr>
</table>

**Part III** **Supplemental Information** Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

| Return Reference | Identifier | Explanation |
|---|---|---|
| SCHEDULE J, PART I, LINE 3 | ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION | COMPENSATION FOR THE PRESIDENT OF ST JOSEPH LONDON FOUNDATION, INC WAS ESTABLISHED AND PAID BY SAINT JOSEPH HEALTH SYSTEM, INC (SJHS), A RELATED ORGANIZATION SJHS USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION<br><br>1) COMPENSATION COMMITTEE, 2) INDEPENDENT COMPENSATION CONSULTANT, 3) WRITTEN EMPLOYMENT CONTRACTS, 4) COMPENSATION SURVEY OR STUDY, AND 5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE |
| SCHEDULE J, PART I, LINE 4A | SEVERANCE OR CHANGE-OF-CONTROL PAYMENT | POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES (CHI) AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE<br><br>THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CATHOLIC HEALTH INITIATIVES (A RELATED ORGANIZATION) DURING THE 2013 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J<br>VIRGINIA DEMPSEY - $309,415 |
| SCHEDULE J, PART I, LINE 4B | SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | DURING THE 2013 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN<br>GREG GERARD<br><br>DURING 2013 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN<br>GREG GERARD - $16,786<br><br>DURING 2013 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN<br>GREG GERARD - $15,749 |

**Part IV** **Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information

| Return Reference | Identifier | Explanation |
|---|---|---|
| SCHEDULE I, PART I, LINE 2 | PROCEDURES FOR MONITORING USE OF GRANT FUNDS | THE ORGANIZATION MADE A GRANT TO SAINT JOSEPH HEALTH SYSTEM, INC , A RELATED ORGANIZATION UPON PROVIDING SATISFACTORY WRITTEN EVIDENCE THAT THE FUNDS WERE USED FOR THE PURPOSE THE GRANT WAS MADE, THE HOSPITAL RELEASES THE RESTRICTION AND THE FUNDS ARE TRANSFERRED<br><br>THERE IS NO MONITORING OF GRANTS GIVEN TO INDIVIDUALS INDIVIDUALS' NEEDS ARE EVALUATED BEFORE THE GRANT IS GIVEN TO ENSURE THEY ARE AN ELIGIBLE RECIPIENT |

**Part XIII** **Supplemental Information** Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

<table>
<tr><th>Return Reference</th><th>Identifier</th><th>Explanation</th></tr>
<tr><td>SCHEDULE D, PART X, LINE 2</td><td>FIN 48 (ASC 740) FOOTNOTE</td><td>THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISION FOR FEDERAL, STATE OR LOCAL INCOME TAXES THE FOUNDATION RECOGNIZES UNCERTAIN TAX POSITIONS USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FOUNDATION'S 2010-2013 TAX YEARS REMAIN OPEN AND SUBJECT TO EXAMINATION<br><br>ST JOSEPH LONDON FOUNDATION'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2014 READS AS FOLLOWS<br><br>"CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX<br><br>MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS</td></tr>
<tr><td>SCHEDULE D, PART XI, LINE 4B</td><td>OTHER REVENUES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS</td><td>
<table>
<tr><th>(a) Description</th><th>(b) Amount</th></tr>
<tr><td>UNCOLLECTIBLE PROMISES TO GIVE</td><td>104,447</td></tr>
<tr><td>TRANSFERS FROM AFFILIATES</td><td>19,304</td></tr>
</table>
</td></tr>
</table>

**Part IV** **Supplemental Information** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

| Return Reference | Identifier | Explanation |
|---|---|---|
| SCHEDULE A, PART II, LINE 10 | OTHER INCOME | |

| Description | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| FUNDRAISING INCOME | 35,524 | 35,347 | 24,250 | 21,240 | 14,390 | 130,751 |
| **Total** | 35,524 | 35,347 | 24,250 | 21,240 | 14,390 | 130,751 |

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (*e-file*).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Enter filer's identifying number, see instructions**

| **Type or print** | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
|---|---|---|
| File by the due date for filing your return See instructions | ST JOSEPH LONDON FOUNDATION, INC | 26-0438748 |
| | Number, street, and room or suite no If a P O box, see instructions<br>1001 SAINT JOSEPH LANE | Social security number (SSN) |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>LONDON, KY 40741 | |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ JAMIE LUNDIEN

Telephone No. ▶ (719)548-7090 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☑ tax year beginning July 01, 20 13, and ending June 30, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason· ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ |
| c | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☑
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

| | | Enter filer's identifying number, see instructions |
|---|---|---|
| **Type or print** | Name of exempt organization or other filer, see instructions.<br>ST JOSEPH LONDON FOUNDATION, INC | Employer identification number (EIN) or<br>26-0438748 |
| File by the due date for filing your return See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1001 SAINT JOSEPH LANE | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br>LONDON, KY 40741 | |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

**STOP! *Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.***

• The books are in the care of ▶ JAMIE LUNDIEN
Telephone No. ▶ (719)548-7090 Fax No. ▶
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 20 15.
5 For calendar year ____, or other tax year beginning July 01, 20 13, and ending June 30, 20 14.
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN

| | | | |
|---|---|---|---|
| 8a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | $ |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | $ |
| c | **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | $ |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Eleanor A Livingston Title ▶ Tax Supervisor Date ▶ 1/8/15

Form **8868** (Rev. 1-2014)

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (54) HIGHLINE MEDICAL CENTER (91-0712166)<br>16251 SYLVESTER RD SW, BURIEN, WA 98166 | HEALTHCARE | WA | 501(C)(3) | 3 | FHS | ✓ | |
| (55) HOUSE OF MERCY (42-1323808)<br>1111 6TH AVE, DES MOINES, IA 50314 | SHELTER | IA | 501(C)(3) | 7 | CHI-IA CORP | ✓ | |
| (56) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE, INC. (61-1029768)<br>539 S 4TH ST, LOUISVILLE, KY 40202 | HEALTHCARE | KY | 501(C)(3) | 3 | KOH | ✓ | |
| (57) KENTUCKYONE HEALTH MEDICAL GROUP, INC. (61-1352729)<br>539 S 4TH ST, LOUISVILLE, KY 40202 | HEALTHCARE | KY | 501(C)(3) | 9 | JHSMH | ✓ | |
| (58) KENTUCKYONE HEALTH, INC (61-1029769)<br>200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202 | HEALTHCARE | KY | 501(C)(3) | 9 | CHI | ✓ | |
| (59) LAKEWOOD HEALTH CENTER (41-0758434)<br>600 MAIN AVE S, BAUDETTE, MN 56623 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | ✓ | |
| (60) LINUS OAKES, INC. (93-0821381)<br>2700 STEWART PKWY, ROSEBURG, OR 97471 | SENIOR LIVING | OR | 501(C)(3) | 9 | MMC | ✓ | |
| (61) LISBON AREA HEALTH SERVICES (82-0558836)<br>905 MAIN ST, LISBON, ND 58054 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | ✓ | |
| (62) LUFKIN VISION ACQUISITIONS (82-0563768)<br>PO BOX 1447, LUFKIN, TX 75901 | PROPERTY MGMT | TX | 501(C)(3) | 11 - TYPE III - FI | MHSET | ✓ | |
| (63) MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC (62-1839548)<br>2525 DE SALES AVE, CHATTANOOGA, TN 37404 | FUNDRAISING | TN | 501(C)(3) | 7 | MHCS | ✓ | |
| (64) MEMORIAL HEALTH CARE SYSTEM, INC. (62-0532345)<br>2525 DE SALES AVE, CHATTANOOGA, TN 37404 | HEALTHCARE | TN | 501(C)(3) | 3 | CHI | ✓ | |
| (65) MEMORIAL HEALTH PARTNERS FOUNDATION, INC (03-0417049)<br>5600 BRAINERD RD, STE 500, CHATTANOOGA, TN 37411 | HEALTHCARE | TN | 501(C)(3) | 9 | MHCS | ✓ | |
| (66) MEMORIAL HEALTH SYSTEM OF EAST TEXAS (75-0755367)<br>PO BOX 1447, LUFKIN, TX 75902 | HEALTHCARE | TX | 501(C)(3) | 3 | CHI | ✓ | |
| (67) MEMORIAL MEDICAL CENTER - LIVINGSTON (76-0436439)<br>PO BOX 1447, LUFKIN, TX 75902 | HEALTHCARE | TX | 501(C)(3) | 3 | MHSET | ✓ | |
| (68) MEMORIAL MEDICAL CENTER - SAN AUGUSTINE (75-2663904)<br>PO BOX 1447, LUFKIN, TX 75902 | HEALTHCARE | TX | 501(C)(3) | 3 | MHSET | ✓ | |
| (69) MEMORIAL MULTISPECIALTY ASSOCIATES (75-2721155)<br>1201 FRANK AVE, LUFKIN, TX 95904 | PHYSICIANS | TX | 501(C)(3) | 11 - TYPE III - FI | MHSET | ✓ | |
| (70) MEMORIAL SPECIALTY HOSPITAL (75-2492741)<br>PO BOX 1447, LUFKIN, TX 95902 | HEALTHCARE | TX | 501(C)(3) | 3 | MHSET | ✓ | |
| (71) MERCY AUXILIARY OF CENTRAL IOWA (42-6076069)<br>1111 6TH AVE, DES MOINES, IA 50314 | AUXILIARY | IA | 501(C)(3) | 11 - TYPE I | MF-DM IA | ✓ | |
| (72) MERCY CLINICS, INC. (42-1193699)<br>1111 6TH AVE, DES MOINES, IA 50314 | PHYSICIANS | IA | 501(C)(3) | 9 | CHI-IA CORP | ✓ | |
| (73) MERCY COLLEGE OF HEALTH SCIENCES (42-1511682)<br>1111 6TH AVE, DES MOINES, IA 50314 | EDUCATION | IA | 501(C)(3) | 2 | CHI-IA CORP | ✓ | |
| (74) MERCY FOUNDATION OF DES MOINES, IA (23-7358794)<br>1111 6TH AVE, DES MOINES, IA 50314 | FUNDRAISING | IA | 501(C)(3) | 7 | CHI-IA CORP | ✓ | |
| (75) MERCY FOUNDATION, INC. (93-6088946)<br>2700 STEWART PKWY, ROSEBURG, OR 97471 | FUNDRAISING | OR | 501(C)(3) | 7 | MMC | ✓ | |
| (76) MERCY HEALTH CARE FOUNDATION (42-1461064)<br>PO BOX 368, CORNING, IA 50841 | FUNDRAISING | IA | 501(C)(3) | 11 - TYPE I | AHMH-CORNING | ✓ | |
| (77) MERCY HEALTHCARE FOUNDATION (45-0435338)<br>570 CHAUTAUQUA BLVD, VALLEY CITY, ND 58072 | FUNDRAISING | ND | 501(C)(3) | 11 - TYPE III - FI | MHVC | ✓ | |
| (78) MERCY HOSPITAL FOUNDATION, COUNCIL BLUFFS (42-1178204)<br>800 MERCY DR, COUNCIL BLUFFS, IA 51503 | FUNDRAISING | IA | 501(C)(3) | 11 - TYPE I | AHBMHS | ✓ | |

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (79) MERCY HOSPITAL OF DEVILS LAKE (45-0227012)<br>1031 7TH ST NE, DEVILS LAKE, ND 58301 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | ✓ | |
| (80) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION (35-2367360)<br>1031 7TH ST NE, DEVILS LAKE, ND 58301 | FUNDRAISING | ND | 501(C)(3) | 7 | MHDL | ✓ | |
| (81) MERCY HOSPITAL OF VALLEY CITY (45-0226553)<br>570 CHAUTAUQUA BLVD, VALLEY CITY, ND 58072 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | ✓ | |
| (82) MERCY MEDICAL CENTER (45-0231183)<br>1301 15TH AVE WEST, WILLISTON, ND 58801 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | ✓ | |
| (83) MERCY MEDICAL CENTER - CENTERVILLE (42-0680308)<br>ONE ST. JOSEPH'S DRIVE, CENTERVILLE, IA 52544 | HEALTHCARE | IA | 501(C)(3) | 3 | CHI-IA CORP | ✓ | |
| (84) MERCY MEDICAL CENTER, INC. (93-0386868)<br>2700 STEWART PKWY, ROSEBURG, OR 97471 | HEALTHCARE | OR | 501(C)(3) | 3 | CHI | ✓ | |
| (85) MERCY MEDICAL FOUNDATION (45-0381803)<br>1301 15TH AVE WEST, WILLISTON, ND 58801 | FUNDRAISING | ND | 501(C)(3) | 11 - TYPE I | MMC | ✓ | |
| (86) MERCY PROFESSIONAL PRACTICE ASSOCIATES, INC (42-1470935)<br>1111 6TH AVE, DES MOINES, IA 50314 | PHYSICIANS | IA | 501(C)(3) | 9 | CHI-IA CORP | ✓ | |
| (87) NEBRASKA HEART HOSPITAL (39-2031968)<br>7500 S 91ST ST, LINCOLN, NE 68526 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (88) OAKES COMMUNITY HOSPITAL (45-0231675)<br>1200 N 7TH ST, OAKES, ND 58474 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | ✓ | |
| (89) OAKES COMMUNITY HOSPITAL FOUNDATION (71-0966606)<br>1200 N 7TH ST, OAKES, ND 58474 | FUNDRAISING | ND | 501(C)(3) | 11 - TYPE I | OCH | ✓ | |
| (90) PINEYWOODS MEDICAL DEVELOPMENT CORP (75-2493116)<br>PO BOX 1447, LUFKIN, TX 75902 | PROPERTY MGMT | TX | 501(C)(3) | 11 - TYPE III - FI | MHSET | ✓ | |
| (91) PUEBLO STEPUP (84-1234295)<br>1925 E ORMAN AVE, STE G52, PUEBLO, CO 81004 | COMMUNITY | CO | 501(C)(3) | 7 | CHIC | ✓ | |
| (92) REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE (91-1170040)<br>12844 MILITARY RD S, TUKWILA, WA 98168 | HEALTHCARE | WA | 501(C)(3) | 3 | FHS | ✓ | |
| (93) S E.T. OF COLORADO SPRINGS, INC (84-1183335)<br>2864 S CIRCLE DR, STE 450, COLORADO SPRINGS, CO 80906 | LTERM CARE | CO | 501(C)(3) | 7 | CHIC | ✓ | |
| (94) SAINT CLARE'S COMMUNITY CARE, INC (22-2876836)<br>25 POCONO RD, DENVILLE, NJ 07834 | HEALTHCARE | NJ | 501(C)(3) | 11 - TYPE II | SCHS | ✓ | |
| (95) SAINT CLARE'S FOUNDATION, INC. (22-2502997)<br>25 POCONO RD, DENVILLE, NJ 07834 | FUNDRAISING | NJ | 501(C)(3) | 7 | SCHS | ✓ | |
| (96) SAINT CLARE'S HEALTH SERVICES, INC (22-3639733)<br>25 POCONO RD, DENVILLE, NJ 07834 | MANAGEMENT | NJ | 501(C)(3) | 11 - TYPE II | CHI | ✓ | |
| (97) SAINT CLARE'S HOSPITAL, INC (22-3319886)<br>25 POCONO RD, DENVILLE, NJ 07834 | HEALTHCARE | NJ | 501(C)(3) | 3 | SCHS | ✓ | |
| (98) SAINT ELIZABETH FOUNDATION (47-0625523)<br>555 S 70TH ST, LINCOLN, NE 68510 | FUNDRAISING | NE | 501(C)(3) | 7 | SERMC | ✓ | |
| (99) SAINT ELIZABETH HEALTH SERVICES (36-3233120)<br>555 S 70TH ST, LINCOLN, NE 68510 | HEALTHCARE | NE | 501(C)(3) | 3 | SERMC | ✓ | |
| (100) SAINT ELIZABETH REGIONAL MEDICAL CENTER (47-0379836)<br>555 S 70TH ST, LINCOLN, NE 68510 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (101) SAINT FRANCIS MEDICAL CENTER (47-0376601)<br>2620 W FAIDLEY, GRAND ISLAND, NE 68803 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (102) SAINT FRANCIS MEDICAL CENTER FOUNDATION (47-0630267)<br>PO BOX 9804, GRAND ISLAND, NE 68802 | FUNDRAISING | NE | 501(C)(3) | 7 | SFMC | ✓ | |
| (103) SAINT JOSEPH BEREA HOSPITAL FOUNDATION, INC (26-0152877) | FUNDRAISING | KY | 501(C)(3) | 7 | SJHS | ✓ | |

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 305 ESTILL ST, BEREA, KY 40403 | | | | | | | |
| (104) SAINT JOSEPH HEALTH SYSTEM, INC. (61-1334601)<br>424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503 | HEALTHCARE | KY | 501(C)(3) | 3 | KOH | ✓ | |
| (105) SAINT JOSEPH HOSPITAL FOUNDATION, INC. (61-1159649)<br>ONE SAINT JOSEPH DRIVE, LEXINGTON, KY 40504 | FUNDRAISING | KY | 501(C)(3) | 11 - TYPE I | SJHS | ✓ | |
| (106) SAINT JOSEPH LONDON FOUNDATION, INC (26-0438748)<br>1001 SAINT JOSEPH LANE, LONDON, KY 40741 | FUNDRAISING | KY | 501(C)(3) | 7 | SJHS | ✓ | |
| (107) SAINT JOSEPH MEDICAL FOUNDATION, INC. (31-1539059)<br>200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202 | PHYSICIANS | KY | 501(C)(3) | 3 | SJHS | ✓ | |
| (108) SAINT JOSEPH MOUNT STERLING FOUNDATION, INC (27-2884584)<br>225 FALCON DR, MOUNT STERLING, KY 40353 | FUNDRAISING | KY | 501(C)(3) | 7 | SJHS | ✓ | |
| (109) SAINT JOSEPH'S HOSPITAL FOUNDATION (36-3418207)<br>30 WEST 7TH ST, DICKINSON, ND 58601 | FUNDRAISING | ND | 501(C)(3) | 11 - TYPE I | SJHHC | ✓ | |
| (110) SAMARITAN BEHAVIORAL HEALTH, INC (02-0633634)<br>601 S EDWIN C MOSES BLVD, DAYTON, OH 45417 | HEALTHCARE | OH | 501(C)(3) | 7 | SHP | ✓ | |
| (111) SAMARITAN HEALTH PARTNERS (31-1107411)<br>110 N MAIN ST, STE 500, DAYTON, OH 45402 | HEALTHCARE | OH | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (112) SCHUYLER MEMORIAL HOSPITAL FOUNDATION, INC (36-3630014)<br>104 W 17TH ST, SCHUYLER, NE 68661 | FUNDRAISING | NE | 501(C)(3) | 11 - TYPE I | AHMHS | ✓ | |
| (113) SJRMC, JOPLIN MISSOURI (44-0545809)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | MO | 501(C)(3) | 3 | CHI | ✓ | |
| (114) SL AUGUSTA CORP (76-0226623)<br>PO BOX 20269, HOUSTON, TX 77225 | TITLE HOLDING | TX | 501(C)(2) | | SLPC | ✓ | |
| (115) ST. ANTHONY HOSPITAL (93-0391614)<br>1601 SE COURT AVE, PENDLETON, OR 97801 | HEALTHCARE | OR | 501(C)(3) | 3 | CHI | ✓ | |
| (116) ST ANTHONY HOSPITAL FOUNDATION (93-0992727)<br>1601 SE COURT AVE, PENDLETON, OR 97801 | FUNDRAISING | OR | 501(C)(3) | 11 - TYPE I | SAH | ✓ | |
| (117) ST ANTHONY'S HOSPITAL ASSOCIATION (71-0245507)<br>FOUR HOSPITAL DR, MORRILTON, AR 72110 | HEALTHCARE | AR | 501(C)(3) | 3 | SVIMC | ✓ | |
| (118) ST CATHERINE HOSPITAL (48-0543721)<br>401 EAST SPRUCE ST, GARDEN CITY, KS 67846 | HEALTHCARE | KS | 501(C)(3) | 3 | CHI | ✓ | |
| (119) ST. CATHERINE HOSPITAL DEVELOPMENT FOUNDATION (20-0598702)<br>401 EAST SPRUCE ST, GARDEN CITY, KS 67846 | FUNDRAISING | KS | 501(C)(3) | 11 - TYPE I | SCH | ✓ | |
| (120) ST. DOMINIC OF ONTARIO, OREGON (93-0433692)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | OR | 501(C)(4) | | CHI | ✓ | |
| (121) ST FRANCIS HOME (41-0729978)<br>2400 ST. FRANCIS DR, BRECKENRIDGE, MN 56520 | LTERM CARE | MN | 501(C)(3) | 9 | CHI | ✓ | |
| (122) ST. FRANCIS LIFE CARE CORPORATION (22-2536017)<br>19 POCONO RD, DENVILLE, NJ 07834 | ELDERLY CARE | NJ | 501(C)(3) | 9 | SCHS | ✓ | |
| (123) ST FRANCIS MEDICAL CENTER (41-0695598)<br>2400 ST. FRANCIS DR, BRECKENRIDGE, MN 56520 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | ✓ | |
| (124) ST FRANCIS OF BAKER CITY (93-0412495)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | OR | 501(C)(3) | 3 | CHI | ✓ | |
| (125) ST JOSEPH COMMUNITY HEALTH (71-0897107)<br>1516 5TH ST NW, ALBUQUERQUE, NM 87102 | COMMUNITY | NM | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (126) ST. JOSEPH HEALTH MINISTRIES (23-2342997)<br>1929 LINCOLN HWY E, STE 150, LANCASTER, PA 17602 | HEALTHCARE | PA | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (127) ST JOSEPH MEDICAL CENTER FOUNDATION (23-2649362)<br>2500 BERNVILLE RD, PO BOX 316, READING, PA 19603 | FUNDRAISING | PA | 501(C)(3) | 11 - TYPE I | SJRHN | ✓ | |

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (128) ST. JOSEPH MEDICAL CENTER, INC (52-0591461)<br>201 INTERNATIONAL CIRCLE, STE 212, HUNT VALLEY, MD 21030 | HEALTHCARE | MD | 501(C)(3) | 3 | CHI | ✓ | |
| (129) ST JOSEPH MEDICAL GROUP (20-8544021)<br>2500 BERNVILLE RD, PO BOX 316, READING, PA 19603 | HEALTHCARE | PA | 501(C)(3) | 9 | BHC | ✓ | |
| (130) ST. JOSEPH PHYSICIAN ENTERPRISE, INC. (52-1311775)<br>201 INTERNATIONAL CIRCLE, STE 212, HUNT VALLEY, MD 21030 | PHYSICIANS | MD | 501(C)(3) | 11 - TYPE I | SJMC | ✓ | |
| (131) ST. JOSEPH REGIONAL HEALTH NETWORK (23-1352211)<br>2500 BERNVILLE RD, PO BOX 316, READING, PA 19603 | HEALTHCARE | PA | 501(C)(3) | 3 | CHI | ✓ | |
| (132) ST JOSEPH'S AREA HEALTH SERVICES (41-0695603)<br>600 PLEASANT AVE, PARK RAPIDS, MN 56470 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | ✓ | |
| (133) ST JOSEPH'S HOSPITAL AND HEALTH CENTER (45-0226429)<br>30 WEST 7TH ST, DICKINSON, ND 58601 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | ✓ | |
| (134) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION (26-0274448)<br>6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | MANAGEMENT | TX | 501(C)(3) | 11 - TYPE I | SLHS | ✓ | |
| (135) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC (27-3733278)<br>6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | HEALTHCARE | TX | 501(C)(3) | 3 | SLCDC | ✓ | |
| (136) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND (26-1947374)<br>6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | HEALTHCARE | TX | 501(C)(3) | 3 | SLHS | ✓ | |
| (137) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS (26-0335902)<br>6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | HEALTHCARE | TX | 501(C)(3) | 3 | SLCDC | ✓ | |
| (138) ST LUKE'S COMMUNITY HEALTH SERVICES (76-0536234)<br>6624 FANNIN ST, STE 1100, HOUSTON, TX 77030 | HEALTHCARE | TX | 501(C)(3) | 3 | SLHS | ✓ | |
| (139) ST LUKE'S FOUNDATION (45-3811485)<br>1213 HERMANN DRIVE, STE 855, HOUSTON, TX 77004 | FUNDRAISING | TX | 501(C)(3) | 7 | SLHS | ✓ | |
| (140) ST. LUKE'S HEALTH SYSTEM CORPORATION (76-0536232)<br>6624 FANNIN ST, STE 1100, HOUSTON, TX 77030 | MANAGEMENT | TX | 501(C)(3) | 11 - TYPE I | CHI | ✓ | |
| (141) ST LUKE'S HEALTH SYSTEM FOUNDATION (76-0127715)<br>6624 FANNIN ST, STE 1100, HOUSTON, TX 77030 | INVESTMENT MGMT | TX | 501(C)(3) | 11 - TYPE I | SLHS | ✓ | |
| (142) ST. LUKE'S HOSPITAL AT THE VINTAGE (26-3734606)<br>6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | HEALTHCARE | TX | 501(C)(3) | 3 | SLHS | ✓ | |
| (143) ST. LUKE'S MEDICAL GROUP (76-0458535)<br>6624 FANNIN ST, HOUSTON, TX 77030 | PHYSICIANS | TX | 501(C)(3) | 3 | SLHS | ✓ | |
| (144) ST. LUKE'S MEDICAL TOWER CORPORATION (76-0531713)<br>6624 FANNIN ST, STE 1100, HOUSTON, TX 77030 | PROPERTY MGMT | TX | 501(C)(3) | 11 - TYPE I | CHI-SLH | ✓ | |
| (145) ST. LUKE'S PROPERTIES CORPORATION (76-0531716)<br>6624 FANNIN ST, STE 1100, HOUSTON, TX 77030 | PROPERTY MGMT | TX | 501(C)(3) | 11 - TYPE I | SLHS | ✓ | |
| (146) ST. LUKE'S SUGAR LAND PROPERTIES CORPORATION (45-4120549)<br>6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | PROPERTY MGMT | TX | 501(C)(3) | 11 - TYPE I | SLCDC-SL | ✓ | |
| (147) ST MARY'S COMMUNITY HOSPITAL (47-0443636)<br>1314 3RD AVE, NEBRASKA CITY, NE 68410 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | ✓ | |
| (148) ST. MARY'S HOSPITAL FOUNDATION (47-0707604)<br>1314 3RD AVE, NEBRASKA CITY, NE 68410 | FUNDRAISING | NE | 501(C)(3) | 7 | SMCH | ✓ | |
| (149) ST. VINCENT FOUNDATION (51-0169537)<br>TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205 | FUNDRAISING | AR | 501(C)(3) | 11 - TYPE I | SVIMC | ✓ | |
| (150) ST. VINCENT INFIRMARY MEDICAL CENTER (71-0236917)<br>TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205 | HEALTHCARE | AR | 501(C)(3) | 3 | CHI | ✓ | |

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| (151) ST VINCENT MEDICAL GROUP (71-0830696)<br>TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205 | HEALTHCARE | AR | 501(C)(3) | 9 | SVIMC | ✓ | |
| (152) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OH (31-0537486)<br>619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206 | HEALTHCARE | OH | 501(C)(3) | 3 | CHI | ✓ | |
| (153) THE PHYSICIAN NETWORK (47-0780857)<br>2000 Q ST, STE 500, LINCOLN, NE 68503 | PHYSICIANS | NE | 501(C)(3) | 11 - TYPE I | CHI NEBRASKA | ✓ | |
| (154) TOTAL HEALTHCARE (84-0927232)<br>188 INVERNESS DRIVE WEST, STE 500, ENGLEWOOD, CO 80112 | HEALTHCARE | CO | 501(C)(3) | 3 | CHIC | ✓ | |
| (155) UNITY FAMILY HEALTHCARE (41-0721642)<br>815 SE 2ND ST, LITTLE FALLS, MN 56345 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | ✓ | |
| (156) VILLA NAZARETH, INC. (45-0226714)<br>801 PAGE DR, FARGO, ND 58103 | LTERM CARE | ND | 501(C)(3) | 9 | CHI | ✓ | |
| (157) VISITING NURSE ASSOCIATION OF ST CLARE'S, INC. (22-1768334)<br>191 WOODPORT RD, SPARTA, NJ 07871 | HOME HEALTH | NJ | 501(C)(3) | 9 | SCHS | ✓ | |
| (158) WOODLANDS DOCTOR GROUP (27-4499340)<br>17200 ST LUKE'S WAY, STE 170, THE WOODLANDS, TX 77384 | PHYSICIANS | TX | 501(C)(3) | 9 | SLCHS | ✓ | |

**Part III** **Identification of Related Organizations Taxable as a Partnership** (continued)

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income related, unrelated, excluded from tax under sections 512-514 | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ALEGENT HEALTH NORTHWEST IMAGING CENTER, LLC (06-1786985) 3606 N 156TH ST, OMAHA, NE 68116 | OP DIAGNOSTICS | NE | ACH | RELATED | 116,752 | 776,649 | | ✓ | 0 | ✓ | | 51 |
| (2) AUDUBON LAND COMPANY, LLC (84-1513085) 5390 N ACADEMY BLVD, STE 300, COLORADO SPRINGS, CO 80918 | REAL ESTATE | CO | CHIC | RELATED | 34,991 | 8,665,388 | | ✓ | 0 | | ✓ | 50 1 |
| (3) AVANTAS, LLC (39-2045003) 11128 JOHN GALT BLVD, STE 400, OMAHA, NE 68137 | STAFFING OF NURSES | NE | AHBMHS | RELATED | -319,683 | 4,762,246 | | ✓ | -439,535 | | ✓ | 95 |
| (4) BERGAN MERCY SURGERY CENTER, LLC (20-8671994) 7710 MERCY RD, STE 200, OMAHA, NE 68124 | AMBUL SURG CTR | NE | ACH | RELATED | 142,085 | 3,294,472 | | ✓ | 0 | | ✓ | 63 94 |
| (5) BERYWOOD OFFICE PROPERTIES, LLC (62-1875199) 400 BERYWOOD TRAIL, CLEVELAND, TN 37312 | PHYS OFFICE | TN | MHCS | RELATED | 57,545 | 1,013,237 | | ✓ | 0 | ✓ | | 63 |
| (6) BLUEGRASS REGIONAL IMAGING CENTER (61-1386736) 1218 SOUTH BRDWAY, STE 310, LEXINGTON, KY 40504 | DIAGNOSTIC IMAGING | KY | SJHS | RELATED | 308,428 | 3,317,191 | | ✓ | 0 | | ✓ | 65 |
| (7) CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES, LLC (46-2945938) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | PRACTICE MGMT SRVC | DE | CHI | RELATED | 2,478 | 4,571,498 | | ✓ | 0 | ✓ | | 80 |
| (8) CENTRAL NEBRASKA HOME CARE SERVICES (47-0692112) PO BOX 1146, 4502 N SECOND AVE, KEARNEY, NE 68848 | HEALTHCARE SRVC | NE | N/A | RELATED | -195,425 | 216,945 | | ✓ | -77,269 | ✓ | | 100 |
| (9) CENTRAL NEBRASKA REHAB SERVICE (81-0653461) 620 DIERS AVE, STE 300, GRAND ISLAND, NE 68803 | PHYSICAL THERAPY | NE | SFMC | RELATED | 2,132,606 | 3,494,427 | | ✓ | 0 | | ✓ | 51 |
| (10) CHI OPERATING INVESTMENT PROGRAM, LP (47-0727942) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | INVESTMENTS | CO | CHI | UNRELATED | 344,962,532 | 4,617,413,792 | | ✓ | 0 | ✓ | | 92 8 |
| (11) CHIC/AMSURG SURGERY CENTERS, LLC (11-1222333) 188 INVERNESS DRIVE WEST, #500, ENGLEWOOD, CO 80112 | SURGERY CENTER | CO | CHIC | RELATED | 0 | 0 | | ✓ | 0 | | ✓ | 51 |
| (12) HC SL VINTAGE I, LLC (27-0453767) 18000 W SARAH LANE, STE 250, BROOKFIELD, WI 53045 | PROPERTY HOLDING | WI | SL CDC-V | RELATED | 1,027,057 | 105,658,490 | | ✓ | 0 | | ✓ | 51 |
| (13) HEALTHCARE SUPPORT SERVICES (72-1546196) PO BOX 9804, GRAND ISLAND, NE 68802 | LAUNDRY | NE | N/A | RELATED | 98,584 | 3,190,678 | | ✓ | 97,006 | | ✓ | 100 |
| (14) HEARTLAND ONCOLOGY, LLC (22-2333444) 2337 E CRAWFORD ST, SALINA, KS 67401 | ONCOLOGY | KS | SCH | RELATED | 0 | 0 | | ✓ | 0 | | ✓ | 51 |
| (15) HIGHLINE IMAGING, LLC (20-0460005) | DIAGNOSTIC | WA | HMC | RELATED | 375,761 | 1,784,057 | | ✓ | 0 | | ✓ | 80 |

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income related, unrelated, excluded from tax under sections 512-514 | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
| 275 SW 160TH ST, BURIEN, WA 98166 | IMAGING | | | | | | | | | | | |
| (16) LAKESIDE AMBULATORY SURGICAL CENTER, LLC (20-4267902) 17031 LAKESIDE HILLS DR, OMAHA, NE 68130 | AMBUL SURG CTR | NE | ACH | RELATED | 3,465,880 | 1,951,221 | | ✓ | 0 | | ✓ | 51 |
| (17) LAKESIDE ENDOSCOPY CENTER, LLC (20-5544496) 17001 LAKESIDE HILLS PLZ, STE 201, OMAHA, NE 68130 | ENDOSCOPY SRVC | NE | ACH | RELATED | 1,455,294 | 1,013,126 | | ✓ | 0 | | ✓ | 52 28 |
| (18) LINCOLN CK LEASING, LLC (26-2496856) 6003 OLD CHENEY RD, LINCOLN, NE 68516 | REAL ESTATE | NE | SERMC | RELATED | 574,064 | 425,034 | | ✓ | 0 | | ✓ | 53 76 |
| (19) LOUISVILLE S C , LTD (06-2119566) 3000 RIVERCHASE GALLERIA, STE 500, BIRMINGHAM, AL 35244 | SURGERY CENTER | AL | SCOFL | RELATED | 417,359 | 478,373 | | ✓ | 0 | ✓ | | 61 1 |
| (20) NEBRASKA SPINE HOSPITAL, LLC (27-0263191) 6901 N 72ND ST, OMAHA, NE 68122 | SPINE HOSPITAL | NE | ACH | RELATED | 10,501,730 | 17,301,869 | | ✓ | 0 | | ✓ | 51 |
| (21) NORTH RIVER SURGERY CENTER, LLC (71-0799771) 2209 WILDWOOD AVE, SHERWOOD, AR 72120 | AMBUL SURG CTR | AR | SVIMC | RELATED | 81,071 | 1,077,536 | | ✓ | 0 | | ✓ | 57.45 |
| (22) ORTHOCOLORADO, LLC (37-1577105) 11650 WEST 2ND PLACE, LAKEWOOD, CO 80255 | ORTHO HOSPITAL | CO | THC | RELATED | 1,846,183 | 8,411,844 | | ✓ | 0 | | ✓ | 60 |
| (23) PENINSULA RADIATION ONCOLOGY, LLC (87-0808610) 315 MLK JR WAY, STE 111, TACOMA, WA 98405 | HEALTHCARE SRVC | WA | FHS | RELATED | 256,567 | 3,262,002 | | ✓ | 0 | | ✓ | 60 |
| (24) PENRAD IMAGING (84-1072619) 1390 KELLY JOHNSON BLVD, COLORADO SPRINGS, CO 80920 | MEDICAL IMAGING | CO | CHIC | RELATED | 715,094 | 3,489,436 | | ✓ | 0 | | ✓ | 70 |
| (25) PMC HOSPITAL, LLC (27-3280598) 4600 E SAM HOUSTON PKWY, SOUTH PASADENA, TX 77505 | HOSPITAL | TX | SL CDC-PMC | RELATED | 1,092,540 | 20,751,174 | | ✓ | 0 | ✓ | | 51 |
| (26) PRAIRIE HEALTH VENTURES, LLC (20-4962103) 421 S 9TH ST, STE 102, LINCOLN, NE 68508 | TECH SRVC | NE | AH-IMC | RELATED | 1,011,804 | 5,564,586 | | ✓ | 68,565 | ✓ | | 65 75 |
| (27) PREMIER SURGERY CENTER OF LOUISVILLE, L.P (72-1378216) 3000 RIVERCHASE GALLERIA, STE 500, BIRMINGHAM, AL 35244 | SURGERY CENTER | AL | SCA | RELATED | 88,900 | 254,399 | | ✓ | 0 | ✓ | | 51 |
| (28) PUEBLO AMBULATORY SURGERY CENTER, LLC (62-1488737) 188 INVERNESS DRIVE WEST, #500, ENGLEWOOD, CO 80112 | SURGERY CENTER | CO | CHIC | RELATED | 0 | 0 | | ✓ | 0 | | ✓ | 51 |
| (29) SAINT JOSEPH - PAML, LLC (45-2116736) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503 | MGMT SVCS | KY | SJHS | RELATED | -52,573 | 93,769 | | ✓ | 0 | ✓ | | 62.5 |
| (30) SAINT JOSEPH - SCA HOLDINGS, LLC (45-3801157) 1451 HARRODSBURG RD, LEXINGTON, KY 40503 | OP SURGERY | DE | SJHS | RELATED | 0 | 0 | | ✓ | 0 | ✓ | | 51 |
| (31) SAINT JOSEPH-ANC HOME CARE SERVICES (26-3330545) 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | KY | JH | RELATED | 88,608 | 256,606 | | ✓ | 0 | | ✓ | 100 |

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income related, unrelated, excluded from tax under sections 512-514 | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
| (32) SCA PREMIER SURGERY CENTER OF LOUISVILLE, LLC (72-1386840) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202 | SURGERY CENTER | KY | JH | RELATED | 42,319 | 631,595 | | ✓ | 0 | ✓ | | 51 |
| (33) ST FRANCIS LAND COMPANY (26-3134100) 5390 N ACADEMY BLVD, STE 300, COLORADO SPRINGS, CO 80918 | REAL ESTATE | CO | CHIC | RELATED | -130,967 | 13,823,763 | | ✓ | 0 | | ✓ | 51 |
| (34) ST. FRANCIS MEDICAL CENTER ASSOCIATES (91-1352698) 1717 SOUTH J ST, TACOMA, WA 98405 | MED OFFICE | WA | FHS | RELATED | 238,717 | 19,017,063 | | ✓ | 0 | | ✓ | 54 21 |
| (35) ST LUKE'S DIAGNOSTIC CATH LAB, LLP (71-0959365) 6620 MAIN ST, STE 1520, HOUSTON, TX 77030 | DIAGNOSTICS | TX | SLHS HOLDINGS | RELATED | 273,448 | 868,814 | | ✓ | 0 | | ✓ | 57.3 |
| (36) ST. LUKE'S HOSPITAL AT THE VINTAGE, LLC (26-3734516) 6624 FANNIN, STE 2505, HOUSTON, TX 77030 | HOSPITAL | TX | SLHS | RELATED | -19,253,743 | 69,158,748 | | ✓ | 0 | ✓ | | 51 |
| (37) ST. LUKE'S LAKESIDE HOSPITAL, LLC (30-0427437) 6624 FANNIN, STE 2505, HOUSTON, TX 77030 | HOSPITAL | TX | SL CDC-W | RELATED | 1,106,628 | 25,874,619 | | ✓ | 0 | ✓ | | 51 |
| (38) ST. LUKE'S THE WOODLANDS SLEEP CENTER, LLC (46-2795726) 6624 FANNIN, STE 800, HOUSTON, TX 77030 | DIAGNOSTICS | TX | SLHSH | RELATED | 0 | 0 | | ✓ | 0 | ✓ | | 50 |
| (39) SUPERIOR MEDICAL IMAGING, LLC (26-2884555) 5000 NORTH 26TH ST, LINCOLN, NE 68521 | OP DIAGNOSTICS | NE | SERMC | RELATED | -200,323 | 821,112 | | ✓ | 0 | ✓ | | 51 |
| (40) SURGERY CENTER OF LEXINGTON, LLC (62-1179539) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503 | SURGERY CENTER | DE | SJHS | RELATED | -200,318 | 4,079,584 | | ✓ | 0 | ✓ | | 51 |
| (41) SURGERY CENTER OF LOUISVILLE, LLC (62-1179537) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202 | SURGERY CENTER | KY | JH | RELATED | -15,452 | 396,101 | | ✓ | 0 | ✓ | | 51 |

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

| (a) Name, address and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C-corp, S-corp or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| (8) CAPTIVE MANAGEMENT INITIATIVES, LTD (98-0663022) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ | CAPTIVE MANAGEMENT | CJ | CHI | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (9) CARMONA-DESOTO BUILDING HORIZONTAL PROPERTY REGIME, INC. (71-0771076) 300 WERNER ST, HOT SPRINGS, AR 71913 | HEALTHCARE | AR | CHI-SVHS | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (10) CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH (27-2269511) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | RESEARCH | CO | CIRI | TRUST | -2286538 | 1241259 | 100 | ✓ | |
| (11) CGH REALTY COMPANY, INC. (23-2326801) 2500 BERNVILLE RD, READING, PA 19603 | REAL ESTATE | PA | SJHM | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (12) CHI ST. LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER CONDO ASSOC (45-5079545) 6624 FANNIN, STE 2505, HOUSTON, TX 77030 | CONDO ASSOC | TX | CHI-SLHBCM | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (13) CLEARRIVER HEALTH (46-4495960) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | INSURANCE | TN | PHPSI | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (14) COMCARE SERVICES, INC (84-0904813) 5570 DTC PARKWAY, ENGLEWOOD, CO 80111 | INACTIVE | CO | CHIC | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (15) CONSOLIDATED HEALTH SERVICES (31-1378212) 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | OH | CHI | C CORPORATION | -879467 | 52379487 | 100 | ✓ | |
| (16) DES MOINES MEDICAL CENTER, INC (42-0837382) 1111 6TH AVE, DES MOINES, IA 50314 | REAL ESTATE | IA | CHI-IA CORP | C CORPORATION | 67314 | 1064032 | 92 98 | ✓ | |
| (17) EAST TEXAS CLINICAL SERVICES, INC (45-4736213) 2801 VIA FORTUNA, #500, AUSTIN, TX 78746 | HEALTHCARE | TX | MHSET | C CORPORATION | 632545 | 16782 | 100 | ✓ | |
| (18) FIRST INITIATIVES INSURANCE, LTD (98-0203038) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ | INSURANCE | CJ | CHI | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (19) FRANCISCAN SERVICES, INC (23-2487967) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | CO | CHI | C CORPORATION | 434854 | 718254 | 100 | ✓ | |
| (20) GOOD SAMARITAN OUTREACH SERVICES (47-0659440) PO BOX 1990, KEARNEY, NE 68848 | MEDICAL CLINIC | NE | CHI NEBRASKA | C CORPORATION | -7280 | 180468 | 100 | ✓ | |
| (21) HEALTH SYSTEMS ENTERPRISES, INC (47-0664558) PO BOX 1990, KEARNEY, NE 68848 | MGMT | NE | GSH | C CORPORATION | 87278 | 1377820 | 100 | ✓ | |
| (22) HEALTHCARE MGMT SERVICES ORGANIZATION, INC (91-1865474) 1717 SOUTH J ST, TACOMA, WA 98405 | HEALTH ORG | WA | FHS | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (23) HEARTLANDPLAINS HEALTH (46-4368223) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | INSURANCE | NE | PHPSI | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (24) HIGHLINE MEDICAL GROUP (91-1586438) 15811 AMBAUM BLVD SW, STE 170, BURIEN, WA 98166 | MEDICAL SERVICES | WA | HMC | C CORPORATION | -6049147 | 5689139 | 100 | ✓ | |
| (25) MEDQUEST (45-0392137) 1602 WEST 11TH ST, WILLISTON, ND 58801 | SALE OF DME | ND | MMC WILLISTON | C CORPORATION | - | 1152715 | 100 | ✓ | |
| (26) MERCY PARK APARTMENTS, LTD (42-1202422) 1111 6TH AVE, DES MOINES, IA 50314 | HOUSING | IA | CHI-IA CORP | C CORPORATION | 273525 | 1937218 | 100 | ✓ | |
| (27) MERCY SERVICES CORP (93-0824308) 2700 STEWART PARKWAY, ROSEBURG, OR 97471 | RETAIL SALES | OR | MMC | C CORPORATION | 0 | 142337 | 100 | ✓ | |

| (a) Name, address and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C-corp, S-corp or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| (28) MHI CLINICAL SERVICES (46-1967952)<br>1201 W FRANK AVE, LUFKIN, TX 75904 | HEALTHCARE | TX | MHSET | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (29) MOUNTAIN MANAGEMENT SERVICES, INC (62-1570739)<br>6028 SHALLOWFORD RD, CHATTANOOGA, TN 37421 | MGMT SVC ORG | TN | MHCS | C CORPORATION | 96044 | 6465179 | 100 | ✓ | |
| (30) NAZARETH ASSURANCE COMPANY (03-0304831)<br>PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ | INSURANCE | CJ | CHI | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (31) PATIENT TRANSPORT SERVICES, INC (31-1100798)<br>1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | OH | ANC | C CORPORATION | -164340 | 5488275 | 100 | ✓ | |
| (32) PHYSICIAN/HEALTH SYSTEM NETWORK (91-1746721)<br>1149 MARKET ST , TACOMA, WA 98402 | HEALTH ORG | WA | FHS | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (33) PROMINENCE HEALTH PLAN SERVICES, INC (FKA COLLABHEALTH PLAN SERVICES, INC ) (46-1224037)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | ADMIN SERVICES | CO | PHI | C CORPORATION | -5339325 | 38272608 | 100 | ✓ | |
| (34) PROMINENCE HEALTH, INC. (FKA COLLABHEALTH MANAGED SOLUTIONS, INC ) (46-1222808)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HOLDING CO | CO | CHI | C CORPORATION | 0 | 23806707 | 100 | ✓ | |
| (35) QCA HEALTH PLAN, INC. (71-0794605)<br>12615 CHENAL PARKWAY, STE 300, LITTLE ROCK, AR 72211 | INSURANCE | AR | QCHI | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (36) QUALCHOICE HOLDINGS, INC. (27-4075520)<br>12615 CHENAL PARKWAY, STE 300, LITTLE ROCK, AR 72211 | HOLDING CO | AR | PHPS | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (37) QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY, INC (71-0386640)<br>12615 CHENAL PARKWAY, STE 300, LITTLE ROCK, AR 72211 | INSURANCE | AR | QCH | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (38) RIVERLINK HEALTH (46-4380824)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | INSURANCE | OH | PHPS | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (39) RIVERLINK HEALTH OF KENTUCKY, INC. (46-4828332)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | INSURANCE | KY | PHPS | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (40) SAINT CLARE'S PRIMARY CARE, INC (22-2441202)<br>66 FORD RD, DENVILLE, NJ 07834 | BILLING SERVICES | NJ | SCCC | C CORPORATION | -235604 | 1361242 | 100 | ✓ | |
| (41) SAMARITAN FAMILY CARE, INC (31-1299450)<br>40 W FOURTH ST, STE 1700, DAYTON, OH 45402 | HEALTHCARE | OH | SHP | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (42) SJH SERVICES CORPORATION (23-2307408)<br>198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | CO | FSI | C CORPORATION | -197039 | 3331737 | 100 | ✓ | |
| (43) SJL PHYSICIAN MANAGEMENT SERVICES, INC (27-0164198)<br>424 LEWIS HARGETT CR, STE 160, LEXINGTON, KY 40503 | MGMT | KY | SJHS | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (44) SLMT PARKING, INC. (76-0637140)<br>6624 FANNIN, STE 800, HOUSTON, TX 77030 | PARKING | TX | SLHS | C CORPORATION | 1117934 | 13768221 | 100 | ✓ | |
| (45) SOUNDPATH HEALTH, INC. (42-1720801)<br>32129 WEYERHAEUSER WAY S, STE 201, FEDERAL WAY, WA 98001 | INSURANCE | WA | PHPS | C CORPORATION | -154741 | 10976973 | 62 6 | ✓ | |
| (46) ST. ANTHONY DEVELOPMENT COMPANY (93-1216943)<br>1415 SOUTHGATE, PENDLETON, OR 97801 | ATHLETIC CLUB | OR | SAH | C CORPORATION | 114663 | 2936102 | 100 | ✓ | |
| (47) ST. JOSEPH DEVELOPMENT COMPANY, INC (91-1480569)<br>1717 SOUTH J ST, TACOMA, WA 98405 | RENTAL | WA | FSI | C CORPORATION | 63164 | 11845439 | 100 | ✓ | |

| (a) Name, address and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C-corp, S-corp or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| (48) ST. JOSEPH OFFICE PARK ASSOCIATION (61-1079899) 1401 HARRODSBURG RD, BLDG B70, LEXINGTON, KY 40504 | MGMT | KY | SJHS | C CORPORATION | 0 | 882139 | 85 | ✓ | |
| (49) ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION (30-0355517) 6624 FANNIN, STE 2505, HOUSTON, TX 77030 | CONDO ASSOC | TX | SLPC | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (50) ST LUKE'S ANESTHESIOLOGY ASSOCIATES (46-1517163) 6624 FANNIN, STE 1100, HOUSTON, TX 77030 | MEDICAL CLINIC | TX | CHI-SLH | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (51) ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION, INC. (76-0377932) 6720 BERTNER, MC4-262, HOUSTON, TX 77030 | PHO | TX | CHI-SLH | C CORPORATION | 6 | 0 | 60 | ✓ | |
| (52) ST. LUKE'S HEALTH SYSTEM HOLDINGS, INC (FKA SLEHS HOLDINGS, INC.) (76-0637138) 6624 FANNIN, STE 800, HOUSTON, TX 77030 | HOLDING CO | TX | SLHS | C CORPORATION | 1425313 | 33114103 | 100 | ✓ | |
| (53) ST. LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION (30-0355518) 6624 FANNIN, STE 2505, HOUSTON, TX 77030 | CONDO ASSOC | TX | SLPC | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (54) ST. LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION (76-0298751) 6624 FANNIN, STE 2505, HOUSTON, TX 77030 | CONDO ASSOC | TX | SLMTC | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (55) ST. VINCENT COMMUNITY HEALTH SERVICES, INC (71-0710785) TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205 | HEALTHCARE | AR | SVIMC | C CORPORATION | 2408638 | 15225732 | 100 | ✓ | |
| (56) STABLEVIEW HEALTH, INC (46-4373713) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | INSURANCE | KY | PHPS | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (57) SUGAR LAND DOCTOR GROUP (45-4270163) 1317 LAKE POINTE PARKWAY, SUGAR LAND, TX 77478 | MEDICAL CLINIC | TX | SLCDC-SL | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (58) THE TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY BUILDING COMDOMINIUM ASSOCIATION (90-0064009) 6624 FANNIN, STE 2505, HOUSTON, TX 77030 | CONDO ASSOC | TX | CHI-SLH | C CORPORATION | 0 | 0 | 100 | ✓ | |
| (59) TOWSON MANAGEMENT, INC (52-1710750) 7601 OSLER DR, TOWSON, MD 21204 | MGMT SERVICES | MD | FSI | C CORPORATION | 516457 | 197196 | 100 | ✓ | |